

United States Department of State

Washington, D.C. 20520

REQUEST FOR PASSPORT RECORDS

DATE	
	r or your minor child's Passport Records
(Fee: \$50.00 for each additional	
	minor child's Passport Records (free with notarized request)
☐ Request Copy of Passport Rec	ords - Third Party requests – (Fee: \$150.00 for search only;
Certified Copy \$50.00 for each	additional copy)
Request for copies of DS-64 (S	statement Regarding Lost or Stolen Passport) – Certified copy \$50.00
☐ Request for copies of Certifica	te of Lost of Nationality – Certified copy \$50.00
☐ Certificate of Witness to Marr	
FULL NAME AT BIRTH:	
OTHER NAMES USED:	COLVEDA OF DIDELL
DATE OF BIRTH:	COUNTRY OF BIRTH:
PURPOSE OF REOUEST:	
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IE VOU BOSSESS 1 GODY OF YOU	D DAGGDODE/G) DI FACE ENGLOGE A GODUEO AND MA OUR BULL GRANGE
<u>IF YOU POSSESS A COPY OF YOUR</u>	R PASSPORT(S), PLEASE ENCLOSE A COPY TO AID IN OUR FILE SEARCH
PASSPORT - FIRST ENTRY INTO	THE UNITED STATES
NAME OF REARER	
DATE OF ISSUANCE:	PASSPORT NUMBER:
DATE OF INCLUSION (IF PASSPOR	RT WAS NOT ISSUED TO THE SUBJECT):
GUDDENIE DA GGDODE DIEGD	NA TYON
CURRENT PASSPORT INFOR	MATION
NAME OF BEARER:	
DATE OF ISSUANCE:	PASSPORT NUMBER:
<u>IF YOU WERE INCLUDED ON THE</u>	<u>E PASSPORT OF A PARENT OR SIBLING, PLEASE COMPLETE THE FOLLOWING</u>
FATHER'S NAME:	
	TRY) OF BIRTH:
MOTHER'S NAME:	
DATE & PLACE (STATE/COUN'	TRY) OF BIRTH:
BROTHER/SISTER'S NAME:	
DATE & PLACE (STATE/COUN	TRY) OF BIRTH:
NOTARIZED SIGNATU	TRE:
	(SUBJECT, PARENT, OR GUARDIAN)
ADDRESS:	TELEPHONE:
	(DAYTIME)
E-MAIL ADDRESS:	

NOTE: YOUR REQUEST MUST BE PROPERLY NOTARIZED. Please include a copy of your current photo identification i.e. driver's license, federal/state/local work identification or, federal/state/local government identification. RETURN THIS FORM TO: Department of State, Office of Legal Affairs, Law Enforcement Liaison Division, 1111 Nineteenth Street, N.W. – Suite 500, Washington, DC 20036. Check or Money Order must be signed, dated, and made payable to Department of State. PLEASE DO NOT SEND CASH.